

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	21-0321
Date:	9-28-21
Amount Paid:	75-9-7-21
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Robert Clark Sr.		Mailing Address: Lake Rd 67660 W. Crystal Lake				City/State/Zip: Iron River, WI 54847				Telephone: (715) 372-4614					
Address of Property: 67660 W Crystal Lake		City/State/Zip: Iron River WI 54847				Cell Phone:									
Contractor:		Contractor Phone:				Plumber:				Plumber Phone:					
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No					
PROJECT LOCATION		Legal Description: (Use Tax Statement)				Tax ID# 18495 (022)				Recorded Document: (Showing Ownership) V. G56 P204					
1/4, 1/4		Gov't Lot 5		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Subdivision:															
Section 15, Township 47 N, Range 9 W		Town of: HUGHES				Lot Size				Acreage 2.000					

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 75 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material \$15,000	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length: 64	Width: 26	Height: _____
Proposed Construction: (overall dimensions)	Length: 26	Width: 16	Height: 15

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input checked="" type="checkbox"/>	Addition/Alteration (explain) Add on To Garage	(16 X 26)	416
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Robert G. + Irene M. Clark
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 9-03-2021

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit Robert Clark 67660 W. Crystal Lake Rd
Iron River, WI 54847

Original Application MUST be submitted

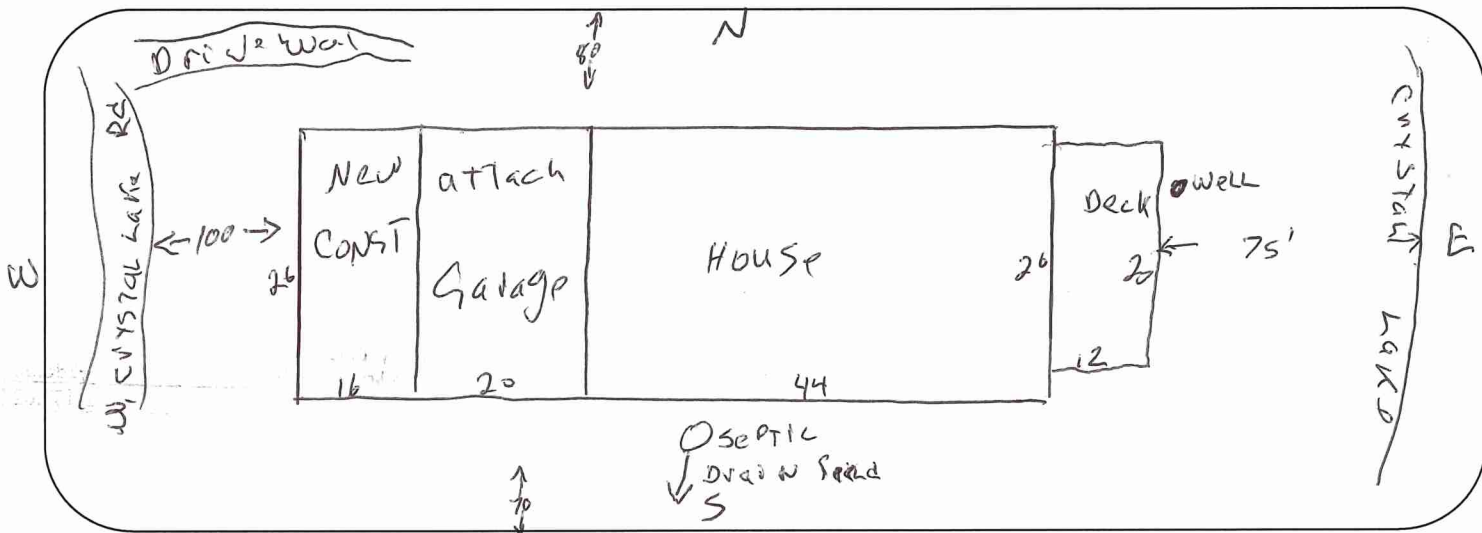
Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
(4) Show: **All Existing Structures** on your Property
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements			Description	Setback Measurements	
Setback from the Centerline of Platted Road	116	Feet		Setback from the Lake (ordinary high-water mark)	75	Feet
Setback from the Established Right-of-Way	83	Feet		Setback from the River, Stream, Creek		Feet
				Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	80	Feet				
Setback from the South Lot Line	70	Feet		Setback from Wetland	NA	Feet
Setback from the West Lot Line	116	Feet		20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Setback from the East Lot Line	75 70 Lake	Feet		Elevation of Floodplain	NA	Feet
Setback to Septic Tank or Holding Tank	30	Feet		Setback to Well	76	Feet
Setback to Drain Field	30	Feet				
Setback to Privy (Portable, Composting)		Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: **ALL** Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 259798	# of bedrooms: 2	Sanitary Date: 5/16/1996		
Permit Denied (Date):		Reason for Denial:				
Permit #: 21-0321		Permit Date: 9-28-21				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Case #: NA		Case #: NA				
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Project location as represented by owner appears to be code compliant.		Zoning District (R1) Lakes Classification (2)				
Date of Inspection: 9/24/21		Inspected by: Robert Schlerman		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) Must Contact the local Uniform Dwelling Code (UDC) inspection Agency and Secure a UDC Permit if required by statute or Contract.						
Signature of Inspector: [Signature]				Date of Approval: 9/24/21		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>

TOWN OF HUGHES TREASURER
GIANNA PARENTEAU

PO BOX 93

IRON RIVER WI 54847
Phone: (715) 372-5767

STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR 2020

ROBERT G & IRENE M CLARK
TOWN OF HUGHES

PAYMENTS should reference: **Tax ID: 18495**

DOCUMENT RECORDING, or anything else should reference:

PIN: 04-022-2-47-09-15-1 05-005-04000

Alternate/Legacy ID: 022-1048-04 000

Ownership: ROBERT G & IRENE M CLARK

Important: Be sure this description covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.

Property Description / Location of Property

Site Address: 67660 W CRYSTAL LAKE RD

Description: Sec 15 Tn 47 Rg 09 GOVT LOT 5 IN V.167 P.318 LESS
PARS 1-9;V.231 P.203; V.231 P.204;V.240 P.172; V.304 P.134 402

ROBERT G & IRENE M CLARK
67660 W CRYSTAL LAKE RD
IRON RIVER WI 54847

Please include self-addressed, stamped envelope for return receipt.
Please inform your treasurer of any billing address changes.

Acreage: 2.000

Document: 167-318;656-204

Assessed Value			Average	Net Assessed Value	
<u>Land</u>	<u>Improved</u>	<u>Total</u>	<u>Assessment Ratio</u>	<u>Rate</u>	
\$67,500	\$120,300	\$187,800	1.01211	(Does NOT reflect lottery or first dollar credit) 0.014459147	Real Estate Tax: 2,715.42
Estimated Fair Market Value			An "X" means unpaid prior year taxes. <input type="checkbox"/>	School taxes reduced by school levy tax credit. \$410.45	First Dollar Credit: -76.04
<u>Land</u>	<u>Improved</u>	<u>Total</u>			Lottery Credit: -186.36
\$66,700	\$118,900	\$185,600			Net Real Estate Tax: 2,453.02
Estimated State Aids			Net Tax		Total Due: 2,453.02
Allocated Tax District			% Tax Change		For full payment pay to TOWN OF HUGHES treasurer by January 31, 2021 Warning If not paid by due dates, installment option is lost and total tax is delinquent and subject to interest and if applicable, penalty. (See reverse)
Taxing Jurisdiction	2019	2020	2019	2020	
STATE	0	0	0.00	0.00	
COUNTY	26,339	27,148	827.88	790.55	
TOWN OF HUGHES	168,616	205,424	277.64	279.08	
SCHL-MAPLE	638,734	646,430	1,665.22	1,576.31	
TECHNICAL COLLEGE	61,100	56,393	72.98	69.48	
Totals	894,789	935,395	2,843.72	2,715.42	-4.5
First Dollar Credit			77.43	76.04	-1.8
Lottery & Gaming Credit			214.84	186.36	-13.3
Net Property Tax			2,551.45	2,453.02	-3.9

Town, City, Village, State or Federal
Permits May Also Be Required

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

LAND USE – **X** (Shoreland)
SANITARY – Existing (259798)
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

No. **21-0321** Issued To: **Robert Clark Sr**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **15** Township **47** N. Range **9** W. Town of **Hughes**

Part of

Gov't Lot **5** Lot Block Subdivision CSM#

For: **Residential Accy Add/Alt: [1- Story; Garage Addition (26' x 16') = 416 sq. ft.] Height of 15'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must contact the local Uniform Dwelling Code (UDC) Inspection Agency and secure a UDC Permit (if required) by Statute or Contract.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Robert Schierman, Director

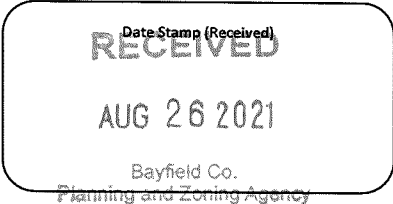
Authorized Issuing Official

September 28, 2021

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	21-1320
Date:	9-28-21
Amount Paid:	75-9-21
Other:	dek
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application **MUST** be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Polkoski, Tom				Mailing Address: PO Box 483				City/State/Zip: Iron River 54847				Telephone: 715-372-4000			
Address of Property: Polkoski RD 67620				City/State/Zip: Iron River, wis								Cell Phone:			
Email: (print clearly)															
Contractor: Self				Contractor Phone: 715-372-4000				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)						Tax ID# 18356		Recorded Document: (Showing Ownership) 177 544					
SE 1/4, NE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Subdivision:															
Section 13, Township 47 N, Range 9 W				Town of: Hohen				Lot Size				Acreage 26			

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 10,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Converted</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/> Gravel Use	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length: 32	Width: 36	Height: 9'5" 14'4"
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (explain) <u>Garage</u>	(32 x 36)	1152
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John Polk
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 8/28/21

Authorized Agent: _____ (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

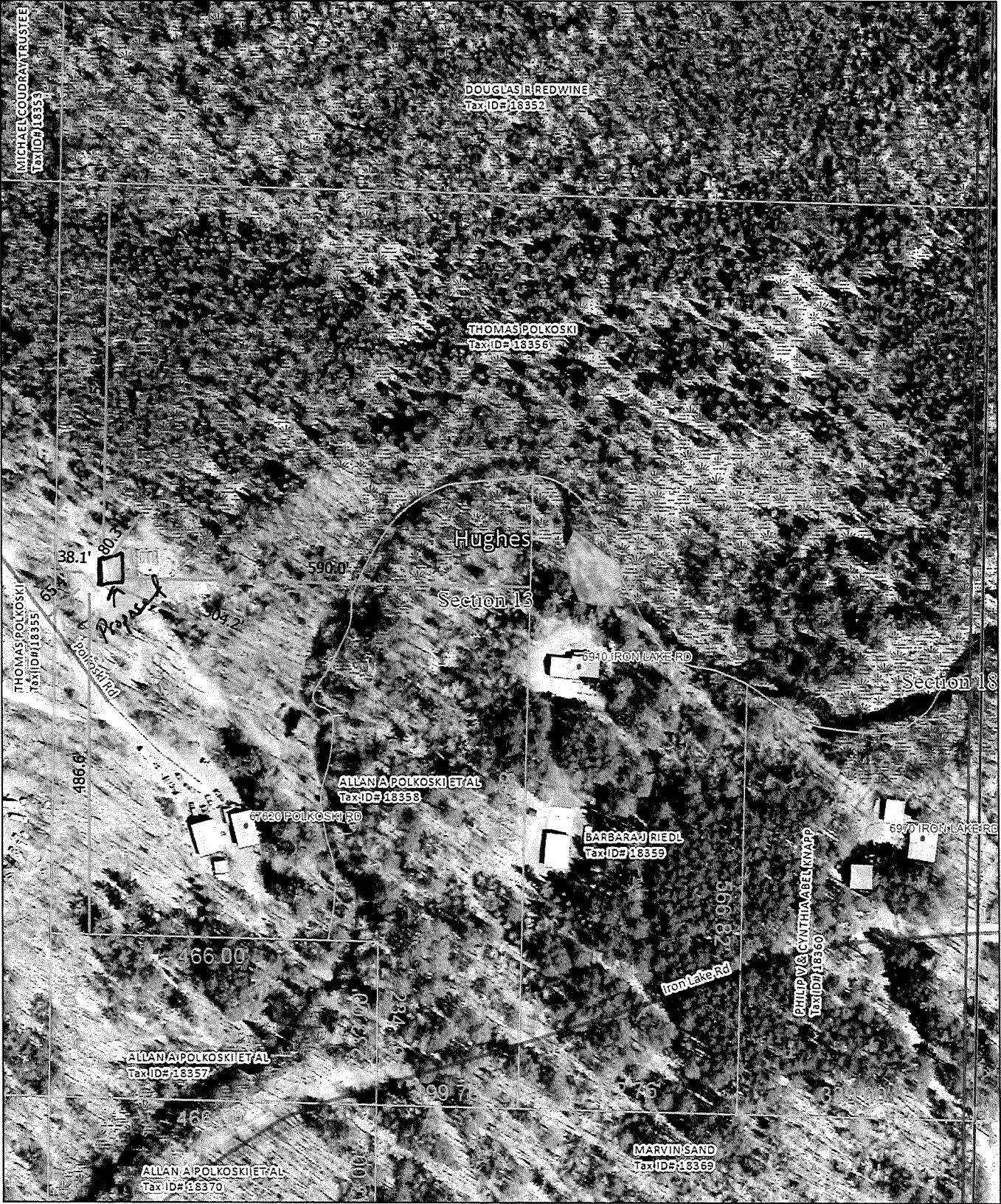
Address to send permit _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

Polkoski



8/27/2021, 12:28:59 PM

Wetlands

Rivers

Lakes

Meander Lines

Approximate Parcel Boundary

Section Lines

Municipal Boundary

County

Town

Corner Tie Sheets

Section Corner Monument on File

Demolished

Existing

New

Driveways

Buildings

1:1,566

00.020.040.07

00.030.060.11

mi

km

Bayfield

Real Estate Bayfield County Property Listing

Today's Date: 8/27/2021

Property Status: Current

Created On: 3/15/2006 1:15:30 PM

Description	Updated: 9/17/2004
Tax ID:	18356
PIN:	04-022-2-47-09-13-1 04-000-10000
Legacy PIN:	022103403000
Map ID:	
Municipality:	(022) TOWN OF HUGHES
STR:	S13 T47N R09W
Description:	PAR IN SE NE IN V.445 P.191 339
Recorded Acres:	26.000
Calculated Acres:	22.326
Lottery Claims:	1
First Dollar:	Yes
Zoning:	(R-1) Residential-1
ESN:	116


Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
022	TOWN OF HUGHES
163297	SCHL-MAPLE
001700	TECHNICAL COLLEGE

Recorded Documents	Updated: 3/15/2006
CONVERSION	
Date Recorded:	177-544

Ownership	Updated: 3/15/2006
THOMAS POLKOSKI	IRON RIVER WI

Billing Address:	Mailing Address:
THOMAS POLKOSKI	THOMAS POLKOSKI
PO BOX 483	PO BOX 483
IRON RIVER WI 54847	IRON RIVER WI 54847

Site Address	* Indicates Private Road
67620 POLKOSKI RD	IRON RIVER 54847


Property Assessment

Updated: 5/24/2021

2021 Assessment Detail			
Code	Acres	Land	Imp.
5m-AGRICULTURAL FOREST	11.000	8,800	0
G1-RESIDENTIAL	4.000	17,000	135,900
G4-AGRICULTURAL	11.000	1,550	0
2-Year Comparison			
	2020	2021	Change
Land:	27,250	27,350	0.4%
Improved:	135,900	135,900	0.0%
Total:	163,150	163,250	0.1%

Property History
N/A

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X** (Shoreland / Wetland)
SANITARY – Existing
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No. **21-0320** Issued To: **Thomas Polkoski**

Parcel in 9
Location: **SE** ¼ of **NE** ¼ Section **13** Township **47** N. Range **9** W. Town of **Hughes**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accy: [1- Story; Garage (32' x 36') = 1152 sq. ft.] Height of 14'**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for Human Habitation or Sleeping Purposes.
You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Robert Schierman, Director

Authorized Issuing Official

September 28, 2021

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)

SEP 30 2021

Bayfield Co.
Planning and Zoning Agency

100.00 Improv
900.00 LV

Permit #:	21-0351
Date:	10-26-21
Amount Paid:	10-1-21 dak
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

Branzell Family Trust

TYPE OF PERMIT REQUESTED →	<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	Richard & Joanne Branzell		Mailing Address:	1425 Tapadero Trl Reno, NV 89521-7259		Telephone: (775) 843-1218	
Address of Property:	5355 Lake Ahmeek Rd		City/State/Zip:	Iron River, WI 54847		Cell Phone: 4726 851-4726	
Contractor:	Holsclaw Builders (218) 428-5123		Contractor Phone:	Andry Rasmussen & Sons		Plumber Phone: 798-3355	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Mike Fortak		Agent Phone:	6173 Iron Lake Rd Iron River, WI 54847		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)		Tax ID#		Recorded Document: (Showing Ownership)		
				18736		2016 R 533856	
1/4, 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #
	4						
Section 26	Township 47	N, Range 9	W	Town of: Hughes		Lot Size	Acreage
							3.0

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 75 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$300,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length: 44	Width: 34	Height: 16
Proposed Construction: (overall dimensions)	Length: 62	Width: 44 Irregular	Height: 16

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(44 x 34)	1,496
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(20 x 28)	560
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Mike Fortak
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 6173 Iron Lake Rd, Iron River, WI 54847

Date _____
Date 9-29-2021

Attach
Copy of Tax Statement ✓

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

see attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	90 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	56 Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	559+ Feet		
Setback from the South Lot Line Lake	NA Feet	Setback from Wetland	Feet
Setback from the West Lot Line	48 Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	210 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	TBD Feet	Setback to Well	Feet
Setback to Drain Field	TBD Feet		
Setback to Privy (Portable, Composting)	50+ Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

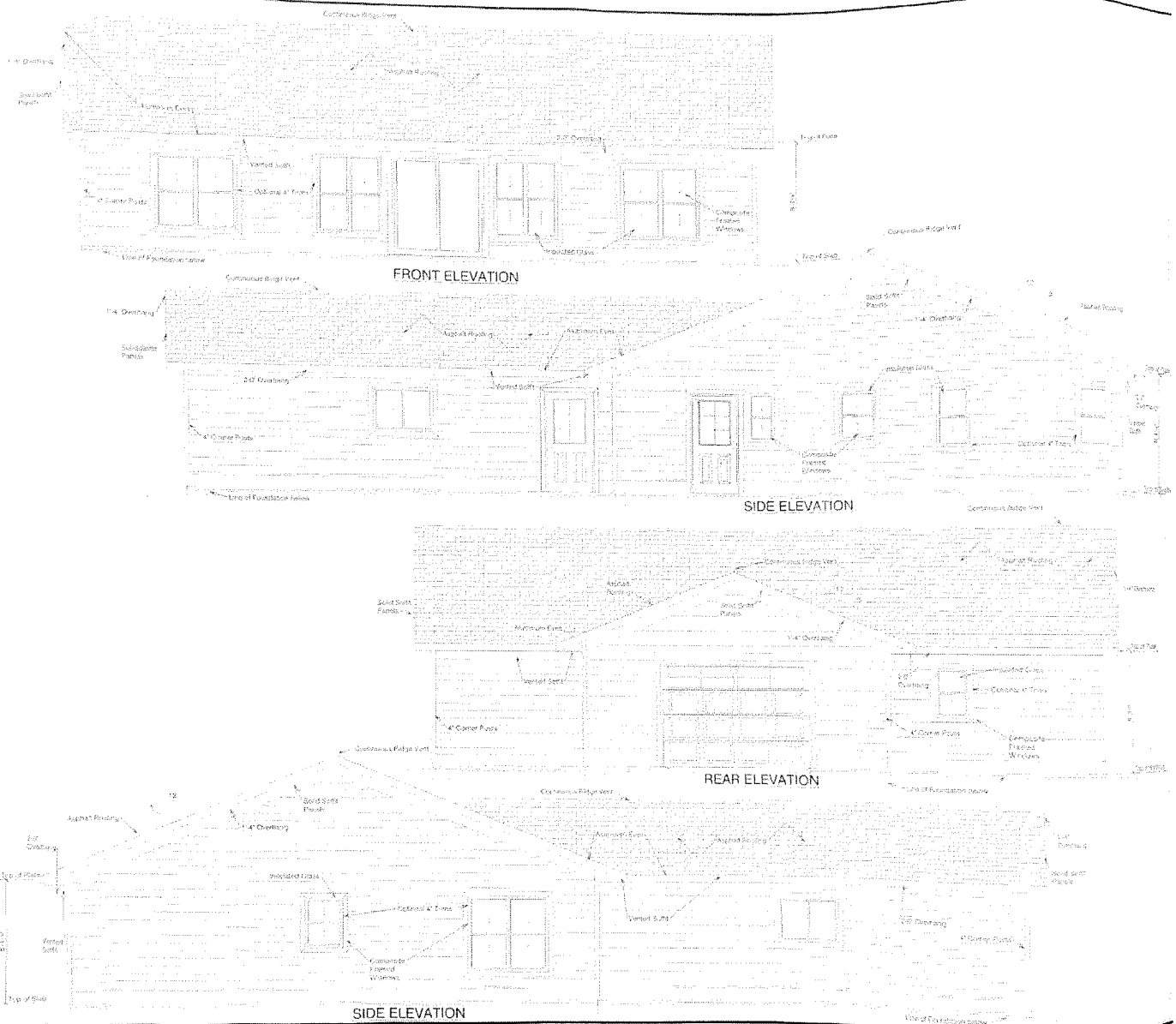
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 21-164 S	# of bedrooms: 3	Sanitary Date: 9/28/21	
Permit Denied (Date):		Reason for Denial:			
Permit #: 21-0357		Permit Date: 10-26-21			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: NA			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: Project location as represented by applicant appears to be Code Compliant - OK to issue LU Permit.			Zoning District (A-1) Lakes Classification (2)		
Date of Inspection: 10/18/2021		Inspected by: Robert Schierman		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) Existing Residence must be removed prior to start of construction of New Residence. Must Contact local Uniform Dwelling Code (UDC) inspection agency and secure a UDC permit as required by State Statute.					
Signature of Inspector: [Signature]				Date of Approval: 10/21/21	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	



Richard Branzell
1425 Tapadaro Trail
Reno, NV 89511
(702) 851-4726

Scale: 1" = 40'

Gov't Lot #4
S 26, T 47, R 9 W
Town of Hughes
Bayfield Co., WI

Note: Use 1000 GAL. S.T.
(owner's request)

BM = 100' @ Top of
concrete foundation
on NW Corner of Home.

Elevations:

B1 = 99.2'

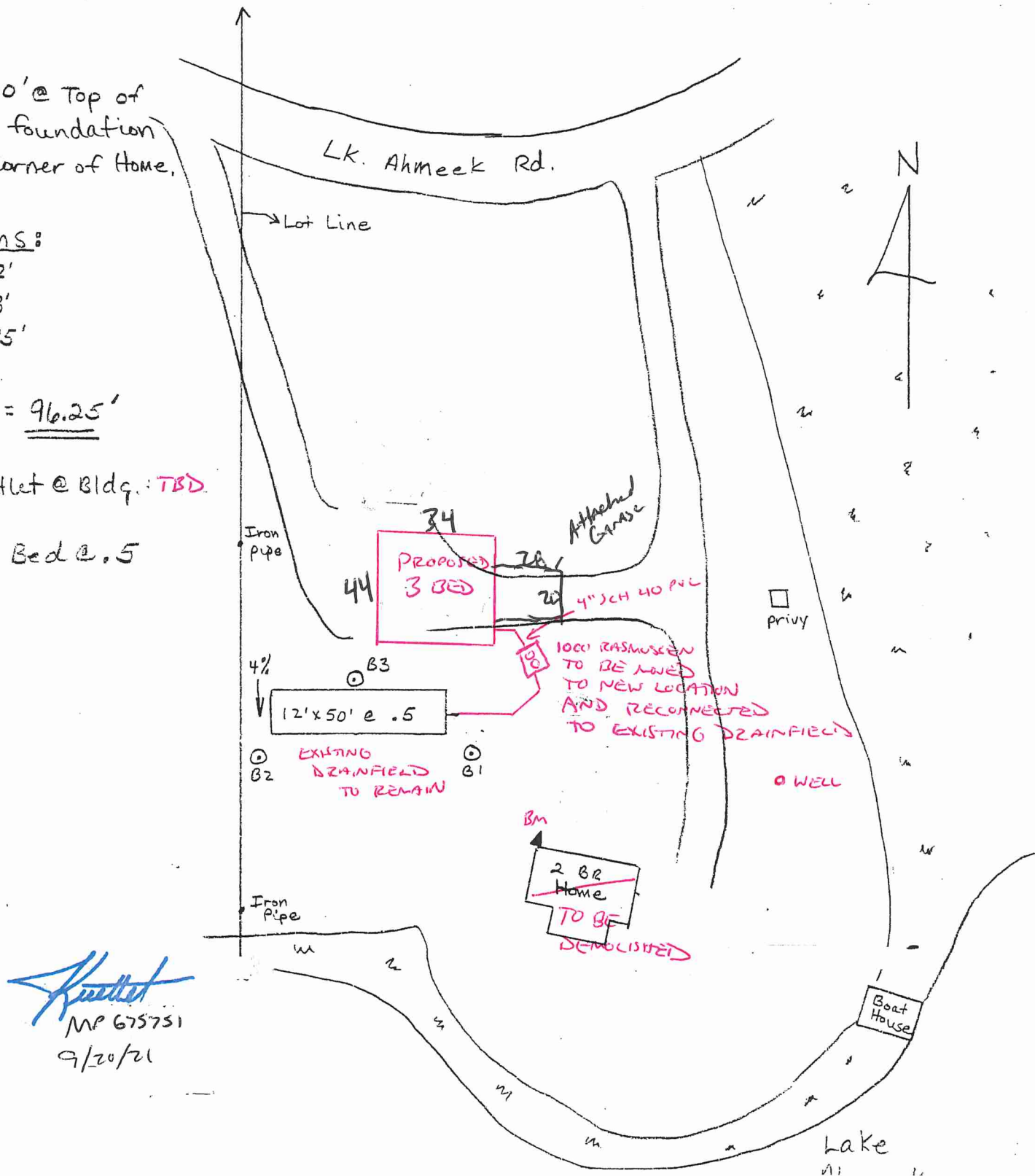
B2 = 99.3'

B3 = 99.85'

System = 96.25'

Sewer outlet @ Bldg.: TBD.

12' x 50' Bed @ .5

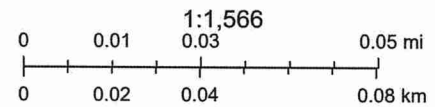


Bayfield County, WI



10/15/2021, 3:14:30 PM

- Wetlands
- Rivers
- Lakes
- Meander Lines
- Approximate Parcel Boundary
- Section Lines
- Government Lot
- Municipal Boundary
- All Roads
- Town
- Survey Maps
- UnRecorded Map



Bayfield

\$100 - 10-12-21
ENTERED
dak

Bayfield County
Impervious Surface Calculations

These calculations are **REQUIRED** per WI Admin Code NR 115.05(1)(e) and Section 13-1-32(g) and 13-1-40(h) of the Bayfield County Code of Ordinances. The undersigned hereby makes application for construction, reconstruction, expansion, replacement or relocation of any impervious surface within 300 feet of the ordinary high water mark and agrees that all activities shall be in accordance with the requirements of the Bayfield County Code of Ordinances and all other applicable ordinances and the laws of the State of Wisconsin.

Pursuant to Chapter 1, Title 13, Section 13-1-106(d) of the Bayfield County Zoning Ordinance(s), Planning and Zoning Department employees assigned to inspect properties shall have access to said properties to make inspections.

Property Owner(s): Branzell Family Trust				
Mailing Address: 1425 Tapadero Trail, Reno, NV 89521		Property Address 5355 Lake Ahmeek Rd, Iron River, WI 54847		
Legal Description: _____ 1/4, _____ 1/4,		Section, Township, Range Sec 26 Township 47 N, Range 9 W		
Authorized Agent/Contractor Mike Fortak / Corey Holsclaw		Gov't Lot 4	Lot #	CSM#
Lot(s) #	Block(s) #	Subdivision		Town of: Hughes
Parcel ID # (PIN #) 04-022-2-47-09-26-2 05-004-07000		Tax ID # 18736		Date: 9-29-2021

Impervious Surface: An area that releases as runoff all or a majority of the precipitation that falls on it. "Impervious surface" excludes frozen soil but includes rooftops, sidewalks, driveways, parking lots and streets unless specifically designed, constructed and maintained to be pervious.

Calculation of Impervious Surface: Percentage of impervious surface shall be calculated by dividing the surface area of existing and proposed impervious surfaces on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark by the total surface area of the lot or parcel, multiplied by 100.

Impervious Surface Standard: Allow up to 15% impervious surface but not more than 30% impervious surface on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark. A permit can be issued for development that exceeds 15% impervious surface but not more than 30% impervious surfaces with a mitigation plan that meets the requirements of the Bayfield County Ordinance(s).

Existing Impervious Surfaces: For existing impervious surfaces that were lawfully placed when constructed but that do not comply with the standards in Section(s) 13-1-32(g) and Section 13-1-40(h), the property owner may do any of the following:

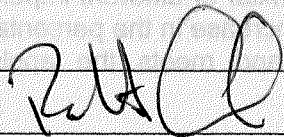
- a. Maintenance and repair of all impervious surfaces:
- b. Replacement of existing impervious surfaces with similar surfaces within the existing building footprint;
- c. Relocation or modification of existing impervious surfaces with similar or different impervious surfaces, provided that the relocation or modification does not result in an increase in the percentage that existed on the effective date of the county shoreland ordinance, and meets the applicable setback requirements in Section 13-1-32.

Impervious Surface Item	Dimension	Area (Square Footage)
Existing House	To be removed	
Existing Accessory Building/Garage	26' x 26'	676
Existing Sidewalk(s), Patio(s) & Deck(s) <i>Screen house</i>	14' x 14'	156
Existing Covered Porch(es), Driveway & Other Structures	6' x 6' - outhouse 60' x 10'	36 600
Proposed Addition/House	46' x 36'	1,656
Proposed Accessory Building/Garage	21' x 30'	630
Proposed Sidewalk(s) & Patio(s)		
Proposed Covered Porch(es) & Deck(s)		
Proposed Driveway		
Proposed Other Structures		
Total:		3,754

- a. Total square footage of lot: 3.0 acres (43,560 ft²) = 130,680 ft²
- b. Total impervious surface area: 3,754 ft²
- c. Percentage of impervious surface area: $100 \times (b)/a =$ 2.8%

If the proposed impervious surface area is greater than 15% mitigation is required.

Total square footage of additional impervious surface allowed: @ 15% 15,848 @ 30% 35,450

Issuance Information (County Use Only)		Date of Inspection: <u>10/18/21</u>
Inspection Record: <u>Large lot - No concerns</u>		Zoning District <u>(R-1)</u> Lakes Classification <u>(2)</u>
Condition(s): 		Stormwater Management Plan Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature of Inspector:		Date of Approval: <u>10/21/21</u>

Zoning Consulting/Real Estate Services LLC Disclosure

1. I (we) acknowledge that North Star Realtors and John Podlesny, (John Podlesny owner of North Star Realtors), have no interest in Zoning Consulting/Real Estate Services LLC as Zoning Consulting/Real Estate Services LLC and Mike Furtak, owner of Zoning Consulting/Real Estate Services LLC are completely independent of North Star Realtors for this zoning application transaction.
2. Mike Furtak is a licensed Realtor in Wisconsin working as a sales associate for North Star Realtors.
3. I (we) grant permission to Mike Furtak and all vendors whose services are required to obtain the desired zoning permits access to the subject property/properties.
4. I (we) authorize Mike Furtak of Zoning Consulting/Real Estate Services LLC to act as our agent to represent our interests during the application process to obtain the required zoning permit(s).
5. I (we) acknowledge that we are responsible for all costs of services provided by vendors and/or other entities to obtain the required permit(s).
6. I (we) hereby understand that by contracting Mike Furtak and Zoning Consulting/Real Estate Services LLC there is **NO GUARANTEE** the desired permit(s) will be approved by the issuing authorities. Additionally there is no guarantee to the timeframe for the issuance of permits.
7. It is the responsibility of the property owner/contractor/plumber to obtain a Uniform Dwelling Code (UDC) or sanitary permit if required.
8. Mike Furtak and Zoning Consulting /Real Estate Services LLC are only responsible to attempt to gain issuance of the necessary Land Use permit as agreed to. Mike Furtak and Zoning Consulting/Real Estate Services LLC will not act as a general contractor or project manager.

The undersigned parties have read and understand the above terms of this disclosure and agree to abide by all terms.

Signature Richard C. Branzell

Print Name: Richard C. Branzell

Date 8/4/21

Signature Joanne L. Branzell

Print Name: Joanne L. Branzell

Date 8-4-2021

**Certification of Trust for the
BRANZELL FAMILY TRUST
dated June 9, 2010**

Pursuant to Nev. Rev. Stat. § 164.400 to § 164.440, this Certification of Trust is signed by all the currently acting Trustees of the BRANZELL FAMILY TRUST dated June 9, 2010, who, first being sworn upon oath, depose and say:

1. The Trustors are RICHARD C. BRANZELL and JOANNE L. BRANZELL. The trust is revocable by the Trustors, acting jointly and not separately.
2. The Trustees of the trust are RICHARD C. BRANZELL and JOANNE L. BRANZELL. The signature of one Trustee is sufficient to exercise the powers of the Trustee.
3. The Trustee Succession provisions are set forth in Article Three of the trust.
4. The tax identification number of the trust is the Social Security number of either RICHARD C. BRANZELL or JOANNE L. BRANZELL.
5. Title to assets held in the trust will be titled as:

RICHARD C. BRANZELL and JOANNE L. BRANZELL, Trustees, or their successors in interest, of the BRANZELL FAMILY TRUST dated June 9, 2010, and any amendments thereto.
6. An alternative description will be effective to title assets in the name of the trust or to designate the trust as a beneficiary if the description includes the name of at least one initial or successor Trustee, any reference indicating that property is being held in a fiduciary capacity, and the date of the trust.
7. Excerpts from the trust document that establish the trust, designate the Trustee, and set forth the powers of the Trustee will be provided upon request. The powers of the Trustees include the power to acquire, sell, assign, convey, pledge, encumber, lease, borrow, manage, and deal with real and personal property interests.
8. The terms of the trust provide that a third party may rely upon this Certification of Trust as evidence of the existence of the trust and is specifically relieved of any obligation to inquire into the terms of this trust or the authority of my Trustee, or to see to the application that my Trustee makes of funds or other property received by my Trustee.
9. The trust has not been revoked, modified, or amended in any way that would cause the representations in this Certification of Trust to be incorrect.

July 19, 2021

Richard C. Branzell
RICHARD C. BRANZELL, Trustee

Joanne L. Branzell
JOANNE L. BRANZELL, Trustee

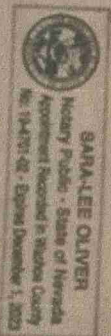
STATE OF NEVADA
COUNTY OF WASHOE

)
) ss.
)

Signed and sworn (or affirmed) before me on July 19, 2021, by RICHARD C. BRANZELL and JOANNE L. BRANZELL, as Trustees.

(Seal, if any)

Sara Lee Oliver
Notary Public



Real Estate Bayfield County Property Listing

Today's Date: 8/6/2021

Property Status: **Current**

Created On: 3/15/2006 1:15:31 PM

Description

Updated: 9/20/2004

Tax ID: 18736
PIN: 04-022-2-47-09-26-2 05-004-07000
Legacy PIN: 022107101000
Map ID:
Municipality: (022) TOWN OF HUGHES
STR: S26 T47N R09W
Description: PAR IN GOVT LOT 4 IN V.694 P.254 543B
Recorded Acres: 3.000
Calculated Acres: 4.634
Lottery Claims: 0
First Dollar: Yes
Zoning: (R-1) Residential-1
ESN: 116

Tax Districts

Updated: 3/15/2006

1	STATE
04	COUNTY
022	TOWN OF HUGHES
163297	SCHL-MAPLE
001700	TECHNICAL COLLEGE

Recorded Documents

Updated: 8/18/2010

QUIT CLAIM DEED

Date Recorded: 7/28/2010

2010R-533856 1044-116

CONVERSION

Date Recorded: 3/15/2006

293-143;567-80;692-316

Ownership

Updated: 8/18/2010

RICHARD C & JOANNE BRANZELL RENO NV
BRANZELL FAMILY TRUST RENO NV

Billing Address:

**RICHARD C & JOANNE
BRANZELL**
1425 TAPADERO TRL
RENO NV 89521-7259

Mailing Address:

**RICHARD C & JOANNE
BRANZELL**
1425 TAPADERO TRL
RENO NV 89521-7259



Site Address * indicates Private Road

5355 LAKE AHMEEK RD IRON RIVER 54847



Property Assessment

Updated: 4/20/2015

2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	3.000	89,700	56,700
G6-PRODUCTIVE FOREST	1.600	1,600	0

2-Year Comparison

	2020	2021	Change
Land:	91,300	91,300	0.0%
Improved:	56,700	56,700	0.0%
Total:	148,000	148,000	0.0%



Property History

N/A

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **21-164S**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **21-0357** Issued To: **Richard & Joanne Branzell (Branzell Family Trust)**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **26** Township **47** N. Range **9** W. Town of **Hughes**

Par in

Gov't Lot **4** Lot Block Subdivision CSM#

For: **Replacing Residence: [1- Story; Residence (44' x 34') = 1496 sq. ft.]; with [Attached Garage (20' x 28') = 560 sq. ft.] Height of 16'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Existing Residence must be removed prior to start of construction of New Residence. Must contact local Uniform Dwelling Code (UDC) Inspection Agency and secure a UDC permit as required by State Statute.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Robert Schierman, Director

Authorized Issuing Official

October 26, 2021

Date